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In re Application of:	REEVES, Mike et al.
Title:	MPLS IMPLEMENTATION ON AN ATM PLATFORM
Serial No.:	09/977,984
Art Unit:	2661
Confirmation No:	4341
Examiner:	MURPHY, Rhonda L.
Atty's Docket No.:	123081-339669 (T01215-0042-US)

Please see the attached communication, including:
(1) Reply to Office Action dated August 10, 2005
(2) Fee Transmittal Form PTO/SB/17

(3) Transmittal Form PTO/SB/21
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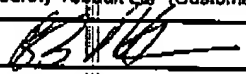
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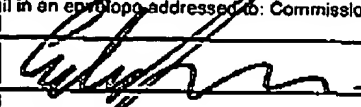
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/977.984	RECEIVED CENTRAL FAX CENTER NOV 11 2005
	Filing Date	October 17, 2001	
	First Named Inventor	RECYES, Mike	
	Art Unit	2681	
	Examiner Name	MURPHY, Rhonda L.	
Total Number of Pages in This Submission	15	Attorney Docket Number	123081-339689 (TD1215-0042-US)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Firm Name	McCarthy Tebault LLP (Customer No. 27.155)	
Signature		
Printed name	Robert H. Nakano	
Date	November 10, 2005	Reg. No. 46,498

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Typed or printed name	Edward T. Fan
Date	November 10, 2005

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**Complete if Known**

Application Number 09/977,984
 Filing Date December 17, 2001
 First Named Inventor REEVES, Mike
 Examiner Name MURPHY, Rhonda L.
 Art Unit 2681
 Attorney Docket No. 123081-339669 (T01215-0042-US)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)**

Other (e.g., late filing surcharge): _____

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SUBMITTED BY

Signature Robert H. Nakano Registration No. 46,498 Telephone 416-801-7852
 Name (Print/Type) Robert H. Nakano Date November 10, 2005

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